

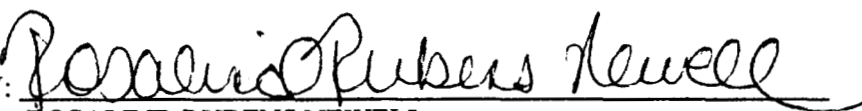
00-*R*-1768

Entered - 08/28/00 - sb
CL00L0493 - DIANNE C. MITCHELL

CLAIM OF: **BARBARA W. CLEMENTS**
1250 Pine Knoll Lane
Conyers, Georgia 30013

For damages alleged to have been sustained as a result of a sewer back up
on October 8, 1999 at 1279 North Monmingside Drive, NE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0493

Date: October 18, 2000

Claimant /Victim BARBARA W. CLEMENTS

BY: (Atty) (Ins.Co.) _____

Address: 1250 Pine Knoll Lane, Conyers, Georgia 30013

Subrogation: _____ Claim for Property damage \$ 140.00 Bodily Injury \$ _____

Date of Notice: 11/02/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/08/99 Place: 1297 North Morningside Drive, NE

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her property was damaged due to a sewer back up. The investigation determined that the City had no notice of any problems on the line prior to or after the date of October 8, 1999. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

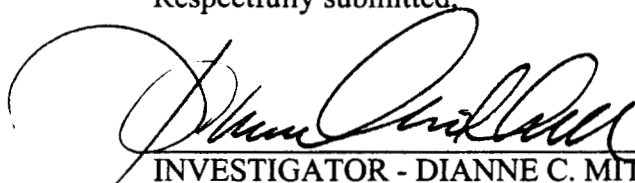
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2I01 _____ 2H01 _____

Claims Manager:  Concur/date 10-18-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: August 8, 2000

Dear Municipal Clerk:

06-11-00PC05:19 RCV0
ENTERED - 8-28-00 - SB
00L0493 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 140.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 10/8/99 2. Time of Incident: NA 3. Police called: Yes X
(month/day/ year) Yes No
4. Location of incident (including street address): 1279 N. Morningside Drive, NE, Atlanta, GA 30306
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: Please see attached letter and copies of other correspondence as well as the bill for services. When my tenants notified the Water/Sewer Department of their problem with sewer back-up, they were told to call a plumber. My husband made arrangements to meet the plumber but the problem was in the main line. He did get the roots out going from
- our 7.1 **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Barbara W. Clements
Signature of Claimant

BARBARA W. CLEMENTS
(Print Claimant's Name)

1250 PINE KNOLL LANE,
(Address)

CONYERS, GA 30013
(City, State and Zip Code)

NA 770-483-1263
(Work Number) (Home Number)

1250 Pine Knoll Lane.
Conyers, GA 30013
August 8, 2000

Council of the City of Atlanta
Municipal Clerk
City Hall
55 Trinity Avenue, SW,
Atlanta, GA 30335

RE: Damages/Reimbursement of Fee/Credit for moneys paid

Dear Municipal Clerk:

On October 8, 1999 I was charged \$140.00 to have roots cleared out of the city main sewer line because of back up of sewerage in the dwelling located at 1279 N. Morningside Drive, NE, Atlanta. I have been seeking credit on my water/sewer bill since that date. (Please see all previous correspondence, copies attached). Evidently the Water Department, which handles the billing for both water and sewer cannot authorize this credit and the Sewer Department has no one with the authority to do make the authorization, so I am at this time referred to your department after talking with Mr. Gerald Eberhart and Mr. Jesse Howard.

I have withheld \$140.00 in payment from my water/sewer bill until this dispute can be resolved. I am not asking that you send a check to me in that amount, but rather send it to the Water Department for credit to my bill.

Thank you for your assistance in resolving this matter.

Sincerely,


Barbara W. Clements

(Please feel free to contact me at 770-483-1263, if additional information is needed).

00- R-1768